

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10655327**
APPLICANT(S)

FILING DATE **09-04-03**

| CLAIMS | | | | | | |
|--------------|------|---------------------|------|---------------------|------|--------------|
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | | | | | | 51 |
| 2 | | | | | | 52 |
| 3 | | | | | | 53 |
| 4 | | | | | | 54 |
| 5 | | | | | | 55 |
| 6 | | | | | | 56 |
| 7 | | | | | | 57 |
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| 12 | | | | | | 62 |
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| 14 | | | | | | 64 |
| 15 | | | | | | 65 |
| 16 | | | | | | 66 |
| 17 | | | | | | 67 |
| 18 | | | | | | 68 |
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| 21 | | | | | | 71 |
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| 24 | | | | | | 74 |
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| 34 | | | | | | 84 |
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| 37 | | | | | | 87 |
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| 40 | | | | | | 90 |
| 41 | | | | | | 91 |
| 42 | | | | | | 92 |
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| 46 | | | | | | 96 |
| 47 | | | | | | 97 |
| 48 | | | | | | 98 |
| 49 | | | | | | 99 |
| 50 | | | | | | 100 |
| TOTAL IND. | 6 | | | | | TOTAL IND. |
| TOTAL DEP. | 15 | | | | | TOTAL DEP. |
| TOTAL CLAIMS | 21 | | | | | TOTAL CLAIMS |